

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SAVING ARIZONA PAC		FEC IDENTIFICATION NUMBER ▼ C C00777185
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee RIGHT AIM MEDIA, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2022
Mailing Address 4030 HENDERSON BLVD STE 351		Amount 110329.30
City TAMPA	State FL	Zip Code 33629
Purpose of Expenditure P2P MESSAGES	Category/Type	Transaction ID : SE24.6535 Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2022
Name of Federal Candidate KELLY, MARK, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGHT AIM MEDIA, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2022
Mailing Address 4030 HENDERSON BLVD STE 351		Amount 58349.13
City TAMPA	State FL	Zip Code 33629
Purpose of Expenditure P2P MESSAGES	Category/Type	Transaction ID : SE24.6536 Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2022
Name of Federal Candidate KELLY, MARK, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	168678.43
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

RUTLAND, JANNA, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 09 / 2022

Signature